

THE MEDICAL NEWS AND LIBRARY.

VOL. XXXVII.

JULY, 1879.

No. 439.

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CLINICAL LECTURES.

ON FRACTURES OF THE SKULL.

A Clinical Lecture Delivered at the Pennsylvania Hospital.

By WILLIAM HUNT, M.D.,
Surgeon to the Pennsylvania Hospital.

GENTLEMEN: An unusual number of injuries of the head have been admitted into the hospital during this term. In my wards alone, seven cases of serious fractures of the skull, six of them compound ones, have been treated during the past three months. I will present a short account of them first, and afterwards make my comments.

CASE 1.—J. D. M., aged 40, admitted

March 2, 1879, was struck by a glass pitcher over the superior and lateral part of the left occipital region. There was an extensive and ragged scalp wound, at the bottom of which was a slightly depressed fracture. There was bleeding from the left ear. The patient was sensible, and did not exhibit any signs of paralysis. In the sitting posture he had constant nausea and slight vomiting. There was some stupor, but he could be easily aroused. The recumbent position, cold compresses, and low diet were ordered. The bleeding from the ear was followed in a few days by the flow of a clear fluid, and there was absolute deafness on the same side. The diagnosis was that the fracture extended, in the shape of a fissure, through the petrous portion of the temporal bone to the base

Published Monthly by HENRY C. LEA, Nos. 706 & 708 Sanson Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

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of the skull. The wound healed kindly; but it was some weeks before the patient could sit up with any degree of comfort, as he complained of dizziness, and that his head was too big on one side. He also had noises in the ear. On attempting to walk, he would take a few steps and then be obliged to sit down, as there was an irresistible tendency to fall forwards or laterally. Gradually, however, these symptoms subsided, and in time he got so that he could go about the grounds freely. The sensation of bigness, however, and the deafness, continued. He was discharged June 2, 1879.

CASE 2.—J. M., age 35, admitted March 12, 1879, was in the hold of a vessel assisting to unload iron ore; a bucket of it was spilled, and a piece struck him upon the right side of the head in the parieto-occipital region. There was a lacerated wound of the scalp, and a fracture of the skull, but no depression. The patient was unconscious at first, but soon recovered his senses. There was continuous bleeding from the ear, and a diagnosis of fracture leading through the petrous bone toward the base was made.

Cold compresses and rest were ordered, with medium diet. During the progress of the case an abscess formed under the scalp, which discharged freely. After this no untoward symptoms occurred, and by the 21st of April, the patient feeling able to go to work, left the hospital.

CASE 3.—This was an extraordinary one. E. A. D., aged 40, on April 27, 1879, walked into the hospital and up stairs. The top of his head was in a horrible condition. There was a lacerated wound three inches long by one and a half wide, and very deep. The integument had sloughed or been torn away, the bones were missing, the dura mater was exposed and sloughing, and the brain could be seen pulsating in the foul mass, which it seemed to be trying to pump out. The patient was perfectly rational, and gave the following account of himself:—

He was first officer in a three-masted schooner sailing from the West Indies to New York with a cargo of sugar. He had worked very hard at loading the vessel in the heat, and for two days and

nights after sailing for home he was constantly on the watch. He suddenly became ill, and conceived the idea that the captain and crew were going to murder him and throw him overboard. To frustrate them he thought he would take his own life, and tried to jump overboard, but was prevented from doing so. On the fourth day out, when off Cape Hatteras, he got possession of an axe and dealt himself several severe blows on the top of the head with the handle, fracturing the skull. He then, with the sharp edge, chopped out the softened mass, and picked away pieces of the bones. After this he got better and returned to normal consciousness. On the 26th, four days after inflicting the injury, the vessel arrived at New York. The patient walked to the cars and came to Philadelphia.

He said he was a temperate man, that he only took an occasional drink, and that he was not in delirium tremens. His appearance certainly did not indicate a man of intemperate habits. His story was so unlikely that it was of course doubted, but no inquiry elicited any other statement, and he persisted in it to the last, bringing no accusation against any one—in fact volunteering the declaration that the captain and crew were the best he had ever sailed with.

The sloughs were partially cleared away, several small pieces of bone were removed, cold compresses with mild antiseptics were applied, and a nourishing diet ordered.

The patient was in the third story. I feared he might attempt to jump from the window, and so ordered him to a private room in the basement. He remained there for one night, but protested against it, and earnestly requested to be sent back to his old quarters, saying that he knew perfectly well what he was about, and that it was too much like a prison down stairs. His request was complied with, and there was no trouble.

By May 1st, more serious symptoms set in. There was high fever and a quick pulse. The temperature was $1\frac{1}{2}$ degrees higher on the right side than upon the left. This side was the seat of spasmodic twitchings and contractions, and by the

4th it became completely paralyzed. A hernia cerebri was also beginning in the wound, and there was some stupor. There was no facial palsy. On the 5th there was an attack of erysipelas, from which the patient recovered in a few days. Discharges had in the mean time been thrown off freely from the wound, and on the 7th an interesting event occurred. Dr. McIlwaine, while dressing the wound, saw the end of a piece of bone deep down in its anterior part and to the right side about an inch in front of the coronal suture. This and another piece he removed. These were pressing upon the right hemispheres in this position. There was some venous hemorrhage, and a small black clot, which was also taken out. The pieces were respectively $\frac{1}{2}$ by $\frac{1}{2}$ an inch and $\frac{3}{4}$ by $\frac{1}{2}$ of an inch in size. They had been actually driven down and buried under the sound part of the skull by the force of the blows, and were only exposed by the cleaning up of the wound. Almost immediately the paraplegia in the left arm was relieved, and by the next day that in the leg had also disappeared.

The stupor was gone. The patient said he felt more rational, and he could bring his will to bear upon any desired movement, although he was weak.

This relief proved, however, to be but temporary. From day to day signs of brain disorganization and abscess were apparent. The paralysis returned, at first more manifest on the left side, but before death it became general. The intelligence was good up to within a few days of death, as rational answers were given to questions. There was no active delirium. There was much fever, the temperature chart showing a range from as low as $98\frac{1}{2}$ on the 19th of May up to $106\frac{1}{2}$ on the 31st. Control over the bladder and bowels was lost. On the 31st of May there was entire unconsciousness, and death took place at 2 P.M., June 1st.

Autopsy.—After the scalp was removed numerous linear chips of bone were found, and many linear scratches, 25 or more, which were made with a sharp instrument, were upon the outer faces of the frontal and parietal bones, and all were in a parallel line with the opening in the

calvaria. This was three inches long and one inch wide. One inch in length was taken out of the frontal bone and the rest was from the parietals. There was an abscess leading from the base of the cerebral hernia to the corpus callosum. An abscess was in each hemisphere. Pus was infiltrated between the cerebrum and cerebellum. The dura mater was torn and thickened near the posterior portion of the wound, and here also there was abscess. The lateral ventricles were filled with serum. At the bottom of the longitudinal fissure there was a piece of bone $\frac{1}{2}$ an inch long and 4 lines wide, about which there was an abscess.

CASE 4.—P. McD., aged 29, was struck on the right side of the head with a loaded cane. Admitted May 5, 1879. Above the top of the ear and about half way between it and the sagittal suture there was a lacerated wound of the scalp leading down to a deeply depressed fracture of the skull. There was partial paralysis of the left arm. It could be raised from the shoulder, but there was no ability to move the fingers.

After a consultation on the 6th, I etherized the patient and enlarged the wound, then trephined the skull and elevated the depressed bone, removing a portion of it, and also a black clot which lay between it and the dura mater. This membrane was not wounded. The depressed brain arose after the operation, and could be seen pulsating at the bottom of the wound. An opening, altogether about $\frac{1}{4}$ of an inch in diameter, was made in the skull. The edges of the scalp wound were brought together by a pin, and sustained in position by a compress; rest and ordinary diet were prescribed. On the next day the paralytic symptoms were decidedly better, although there was some twitching. The patient now improved steadily, and by the 17th the grip of the left hand was normal. There was still some slight numbness of fingers. He is still in the house, June 18th, but goes about without difficulty. The wound is granulating slowly; several small pieces of bone have been taken away from it, being the necrosed edges of the opening. When in court recently (for the case is a judicial

one), the patient felt some dizziness, which soon passed away. There is every prospect of his being able to leave the house shortly.

CASE 5.—A. J., aged 24, admitted May 6, 1879. In a row he was struck with the handle of a pistol upon the left side of the forehead, immediately above the external angular process. There was a lacerated wound of the integument, at the bottom of which was an extensive depressed fracture of the skull. The brain was wounded, and portions of it were exuding. The membranes were of course torn. There was no paralysis. In addition to the skull fracture, there was a fracture of the jaw near the symphysis.

On the 7th, I enlarged the external wound, the patient being under ether. There was no necessity of applying the trephine, for I could get the elevator beneath the edges of the broken fragments, some of which were tilted in, and pressing directly into the lacerated brain. I removed one large loose piece of bone and some fragments, altogether measuring about one inch and a half in diameter. The rest of the depressed portion was elevated and left *in situ*. After the hemorrhage ceased the wound was closed with adhesive strips and compresses. A Barton's bandage was used for the broken jaw.

This patient made a rapid recovery. No untoward head symptom whatever occurred. The jaw gave him much more annoyance and pain than the head. By the 7th of June he was well of both injuries, and was discharged.

CASE 6.—W. D., aged 14, was beaten about the head while in a wagon. Admitted May 18, 1879. He was insensible, and when he got home he was thought to be intoxicated, and allowed to lie upon the floor all night. There was considerable hemorrhage from the nose. He was brought to the hospital in the evening of the following day. There was a great deal of swelling and infiltration over the right parietal protuberance, but no open wound; a depressed fracture could be felt through the softened tissue. The patient was semi-comatose, but could be easily roused. There was partial paral-

ysis of the left arm and hand. Rest, cold compresses to head, and milk diet were ordered.

Before a formal consultation could be held upon this case he was removed by his parents to his home. My own intention was to treat him expectantly, and to await events.

From an interest in the case, the resident physicians have visited the patient at his home. The infiltration has subsided, and the fracture can be easily made out. The paralytic symptoms were better.

On June 12th, another visit was made. The boy was playing in the streets, and has been out of bed for some time. The mother states that from being a good boy he is now very irritable; his memory is impaired. The grip of the left hand is nearly normal; sometimes he cannot hold his knife or bread without first fixing them with the other hand. In the mornings the right side of the face is swollen, and there is spasmodic action sometimes of the left arm. There is slight ptosis of right upper lid. The vision is impaired; sometimes it is double. Pressure at seat of fracture gives pain.

CASE 7.—D. M., aged 9, admitted May 25, 1879, was kicked by a horse while playing in a stable. There was a lacerated wound and a large somewhat depressed fracture of the right frontal bone on its lateral aspect, and immediately over the outer portion of the superciliary ridge. The eyelid hung down on account of the laceration, and not through paralysis. The wound was approximated by adhesive strips. Cold-water compresses were applied. There was a complete absence of symptoms of pressure at the time of injury, and nothing has occurred since to warrant operative interference. The patient has had an attack of erysipelas, from which he has recovered. The wound now, June 17th, has nearly healed, although rest in bed is still enjoined.

You will notice that most of these patients were in the wards at the same time. For the community it would seem to be a bad, for the doctors, a good year for heads.

What a wealth of clinical observation is open to us in these cases. They are

replete with interest for the surgeon, for the physiologist, and for the medical jurist. Notice the regions that are involved. The base and parieto-occipital, in Nos. 1 and 2; the vertex and centre involving both cerebral hemispheres in No. 3. The lateral over right middle lobes in Nos. 4 and 6. Anterior over left frontal lobe in No. 5, and anterior over right frontal in No. 7. The brain itself was visibly lacerated in two, and in all it was seriously involved. Notice that some of the cases were actively interfered with by the surgeon, but that most of them were carried through on the expectant plan.

In the résumé, I have not by any means told you of all that was done. That would be tedious detail for which we have not time in a lecture like this. I am only able to call your attention to the main points of interest. First we will take a mere glance at the physiological phenomena going from before backwards. Number 5, over the left frontal lobe in which there was laceration of the brain substance, and No. 7 over the right frontal lobe, presented no abnormal deviations whatever as regards the nervous system. I have had frequent occasion to notice the enormous amount of injury which this portion of the cranium and its contents will sometimes sustain without apparent permanent damage. You have some clue to an understanding of this when you call to mind that the cranial nerves originate posteriorly to the fissure of Sylvius, and that their course to the points of emergence is wonderfully well protected from injury or shock. They are overhung by shelves of bone, are imbedded in connecting tissue run in grooves by the sides of bloodvessels or in the brain substance itself, the convolutions of which often protect them. I think they are very rarely torn across or lacerated, and that when paralytic symptoms following accidents, and involving them occur, these are due to pressure upon some portion of their course. Disease, however originating, may disorganize them. When paralysis therefore follows injuries of the anterior portion of the cranium, it may be assumed that the shock is very profound through pressure of blood clot, or through deep laceration of brain substance.

Cases Nos. 4 and 6 involved the right middle lobes near the parietal protuberances. Both of these were accompanied by left sided paralysis, illustrating the cross action and distribution of the nerve fibres. Fractures and brain injuries of these portions are nearly always accompanied with paralysis. If you will refer to the museums and to your books and illustrations you will find how abundant the connecting fibres are in the middle cerebral lobes.

Case No. 3 is of great interest. Here the top of the head was involved affecting both hemispheres. All pressure had been removed except where the bones had been driven in as described at the anterior part. These did not at first produce any immediate paralysis. It was not until the 13th day after the injury, that the left side of the patient became powerless. Here you have a fine illustration of the tolerance of the anterior lobes, for it would seem that the pieces of buried bone, large as they were, had to set up a certain amount of harassment and extension of irritation before the motor tract was involved. Both motion and sensation returned when the bones were removed, but the injury was too profound for the amelioration to continue.

Nos. 1 and 2 were undoubted fractures of the base, the first probably involving the crura and pons by pressure, for recovery would not have occurred so promptly had there been laceration. The want of co-ordination and the tendency to fall forward and laterally, certainly indicated an inclusion of nerve substance in the injury. The deafness was due to actual fracture I believe of the petrous bone, and not to laceration of the auditory nerve within the cavity of the cranium. No. 2 presented no extra phenomena. I believe he sustained a mere fissure of the bones and that the nerve structures escaped.

I said that in these cases we had something for the medical jurist. No. 3 is the only one I shall speak about in this connection and that on account of its curious interest and importance. I did not at first believe the man's strange story.

I should not have been surprised to have heard of an arrest of some of his

seafaring companions for murder, immediately after his death, if they could have been found. In fact if his friends do not know what we know, an arrest may yet take place. But it would be useless, for we now know from the post-mortem examination, that the poor fellow's story incredible as it seemed to be, was true. The proof of this is that the calvaria, or skull cap, which we have fortunately preserved, has twenty-five or more superficial slits and scratches, running parallel with the opening and of exactly the kind that the edge of a sharp axe would make. Now no murderer or set of murderers would have made such marks as these, and have inflicted them all in one direction. A few strokes or even one would have sufficed for them. Imagine the number of blows that our sailor must have given himself, if twenty-five marks of the axe are to be counted about the opening in the otherwise sound bone.

My belief is that this man was frenzied with heat, fever, and exhaustion,

"The sky and the sea and the sea and the sky
Lay like a load on his weary eye;"

the burden was more than he could bear, and hence the terrible act to rid himself of it.

We will now consider the diagnosis, prognosis, and treatment of these cases. The diagnosis as to the presence of a fracture is easy when it is compound, that is, when there is an external wound communicating with the broken bones. Often these may be seen, and if not, they may be felt.

The finger is the best probe, if the wound in the scalp is too small to admit it, the wound may be easily enlarged. Artificial probes should be used sparingly, and with a light hand. Having ascertained the presence of a fracture it is not by any means so easy to determine its extent. We have seen in the cases recited, that the opinions as to extent were sometimes founded upon the rational rather than upon the physical signs. An apparently small fracture may have numerous fissures radiating from it. The extent of a fracture at the base can only be surmised.

When the injury is not compound the

case is entirely different, and it is very often by no means easy to make out. Very many mistakes have been made, and often rash opinions have been given. There is no region of the body so deceptive to the sense of touch as the scalp. I will ask you, as I always do when speaking on this subject, to feel your own heads. There is no idea whatever conveyed to you as to the thickness of the bone covering. It seems as though a piece of parchment would correspond with it, when in reality the integument varies from one-eighth to one-quarter of an inch in thickness. This is owing to the dense connective tissue of which it is composed, and beneath this is the occipitofrontalis, in part muscular, in part tendinous; at the sides are the temporal fascias and muscles. I have often seen a defined portion of this dense structure mashed into a jelly and infiltrated. The definition was made by the uninjured borders of the same parts, and then, even to the initiated, would give the sensation of hard, jagged edges of bone. The deceit is often complete, and the rational symptoms must be carefully studied. These cases are emphatically the ones in which we must wait, for while the experienced surgeon will know what he feels, he may not be able to say that there is no fracture beneath the injured portion. Dr. W. E. Horner used quaintly to say, "Doctor, it is very hard to tell what is under the skin." How very true this is as to the head. Recently we have had a curious case in our courts bearing upon this point; a man, over sixty years of age, was tried for a most foul murder, that of his own daughter. There was no difficulty in proving his guilt, in fact, he acknowledged the deed. His counsel, however, put in a plea to mitigate the severity of sentence founded upon the fact that there was a depression upon the left side of his head, the result of a fracture received many years before, and that owing to this injury he was subject to uncontrollable fits of passion, in other words, to fits of temporary insanity. The prisoner's own statement was, when asked whether he had ever received an injury of the head, that he remembered

his skull being fractured when he was 17 or 18 years of age. He also said that he was trephined. By the rules of law his own statement was not admitted, and so the matter was left to the doctors. The head was examined by several of them. One only was positive as to a fracture. The others varied in opinion from the probability of a fracture having existed to a disbelief in any such injury. No history of the man experiencing through life, or at intervals, consequences which, without strain, could be attributed to a depressed fracture was obtained. No one would say upon his oath that the skull never was fractured, but they would say that the prisoner had no abnormal record that could be fairly attributed to such an accident. An opportunity soon occurred which was thought would settle the question. The prisoner was found guilty, and immediately after sentence committed suicide. At the autopsy, there was a projection into the cavity of the cranium corresponding with the depression, but the brain and membranes were perfectly healthy. It is certain that the man was never trephined. I think the positive doctor was right as to the fracture, but that the prisoner's lawyers were wrong as to their inferences. I must admit, however, that the specimen obtained is open to debate, and that opinions are divided as to its nature. In any society analogous to that of the Stanislaus, it might give rise to "subsequent proceedings."

The outer or exposed aspect of the fracture is by no means an index to what may exist within. Extensive injuries of the external table may occur without the internal table being involved, and, on the contrary, punctured wounds and gunshot frequently impress their destructive forces almost altogether upon the internal table. This is often illustrated in the neighbourhood of the frontal sinuses. [The season does not appear to be over yet, for while I am writing this out, No. 8, a negro woman has come into the wards with the front table of her sinus over the right brow broken through and driven in. She is said to have been struck with the edge of a stove plate. The inner table is also broken, for the brain may be seen pulsating

in the wound. There is no paralysis or other serious symptom.] In this position great injuries are sustained, and yet the brain may be but little or not at all involved. I have known the delicate fat of the orbit projecting in small lobes, amongst the blood and broken bones, to be taken for cerebral substance.

In children, the sinuses are either absent or but slightly developed, and often may be said not to exist before puberty. The youngsters, however, stand fearful knocks in this position. It may be that the provision for the future development of the sinuses has something to do with this toleration.

The prognosis of these fractures should always be guarded both as to immediate and as to subsequent results. The nature, the extent, and the position of the injury are all to be considered. A small punctured fracture, driving in the internal table, may be more dangerous to life than an extensive injury which is completely exposed.

Now as to treatment. It has been indicated in my report of the cases. You will observe that I am governed by no arbitrary rules. Each case must be a study for itself.

I say, that if right before your eyes there is an open wound with a badly depressed fracture, enlarge the wound if necessary to give yourself room, trephine and elevate. It may not be necessary to use the trephine if fragments of bone are turned on their edges into the brain substance; the elevator and forceps will be the necessary instruments here.

If there is no external wound, but an undoubted fracture, and no symptoms indicating brain injury, wait. If symptoms of undoubted brain involvement arise, cut down upon the bone, and be guided by what you find. You have thrown your case into one of the first kind above mentioned, and must act accordingly.

The after treatment is simple. Water, or carbolic oil dressings, with rest and moderate diet, and strict attention to the functions of the bladder and bowels, will generally be all sufficient. There should be no exciting surroundings.

Cases that do not require operative proceedings should be treated in the same manner from the beginning. All should be let alone if doing well; if not, symptoms must be treated as they arise.

Operative interference is by no means free from danger. In one case I saw the longitudinal sinus opened. A spiculum of bone belonging to a detached fragment had been driven into the great blood channel, and was acting as a plug. When the fragment was removed the hemorrhage was frightful. It was checked, however, and the patient lived for some days. Again, I once removed a depressed piece of bone, and exposed the middle artery of the dura mater, which was torn. The patient bled to syncope, but eventually revived and made a good recovery. Again, I know of a case where a fragment of bone was protecting the end of a vessel. It was removed, and the patient was dead in half an hour from hemorrhage.

Plugs of wood, as from a piece of match or a cedar pencil, compresses, digital pressure, water (either cold or hot), may be all resorted to on these trying occasions. My time is out, and I must refer you to the books for details.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality Statistics of the United States.—

With a view to making the vital statistics of the United States far more complete and comprehensive than they have ever been, the Superintendent of the Tenth Census has appealed to the medical practitioners throughout the country to lend their aid to the accomplishment of this desirable result. To this end the Superintendent of the Census has forwarded to each physician whose address he possessed, a book of blanks in which to make a record of all deaths occurring in his practice during the year beginning June 1, 1879, and ending May 31, 1880. Any physician who has not already received a copy, can doubtless obtain one by applying to the Superintendent of the Census, Department of the Interior, Washington. The Census Bureau liberally offers to

reimburse the cost of stamps used in correspondence growing out of this service, and it is to be hoped that the Bureau will receive the earnest and faithful co-operation of the entire profession in the important labour it has undertaken.

The American Ophthalmological Society will hold its fifteenth annual meeting at the Aquidneck House, New York, July 24th.

The Connecticut Medical Society held its eighty-eighth annual session at Hartford, May 28th and 29th, under the presidency of Dr. C. M. Carleton. The following office-bearers were elected for the ensuing year: President, H. R. Goodrich, M.D., of Vernon; Vice-President, Dr. G. S. Platt, of Waterbury; Secretary, Dr. C. W. Chamberlain, of Hartford. Drs. Francis Bacon, of New Haven, and B. N. Comings, of New Britain, were appointed delegates to the International Medical Congress, which meets at Amsterdam in September.

The next annual meeting will be held at New Haven.

Medical Society of the State of New Jersey.

—The one hundred and thirteenth annual meeting of this Society was held at Englewood, May 27th and 28th, Dr. John S. Cook, of Hackettstown, President, in the chair. The following officers were elected for the ensuing year: President, Dr. A. W. Rogers, of Paterson; Vice-Presidents, Drs. A. N. Dougherty, of Newark, L. W. Oakley, of Elizabeth, and John W. Snowden, of Waterford; Secretary, Dr. Wm. Pierson, Jr., of Orange. The next annual meeting will be held at Princeton.

Medical Society of the State of Pennsylvania.—

The thirtieth annual meeting of this society was convened at Chester, May 21st, under the presidency of Dr. James L. Steuart, of Erie. The Society decided to meet next year at Altoona, on the third Wednesday of May, and elected the following officers: President, Andrew Nebinger, M.D., of Philadelphia; Vice-Presidents, Drs. Wm. B. Ulrich, of Delaware Co.; Jacob L. Zeigler, of Lancaster Co.; Geo. A. Lynn, of Washington Co.; and Joseph A. Murphy, of Luzerne Co.

State Medical Society of Illinois.—The annual meeting of this Society was held at Lincoln, May 20th, Dr. E. P. Cook, of Mendota, President, in the chair. The following officers were elected for the ensuing year: President, E. Ingals, M.D., of Chicago; Vice-Presidents, Drs. G. W. Jones, of Danville, and C. C. Hunt, of Dixon; Secretary, N. S. Davis, M.D., of Chicago. The Society determined to meet next year in Belleville.

Tennessee State Medical Society.—The forty-ninth annual meeting of this society was held at Nashville, on April 1st, Dr. R. F. Evans, of Shelbyville, President, in the chair.

Dr. T. A. Atchison, from the committee on the Eve monument, reported that "after careful deliberation the committee recommend that the State Medical Society establish the Eve prize fund of one thousand dollars, the interest of which shall be appropriated as shall hereafter be directed, as a prize for the best essay upon topics belonging to the department of surgery as the society may designate. They furthermore recommend that the action taken by the society at Memphis in reference to a monument for Dr. Paul F. Eve be rescinded, and the above memorial prize fund to be raised in lieu of said monument." The report was adopted.

The following officers were elected for the ensuing year: President, E. M. Wright, M.D., of Hamilton; Vice Presidents, Dr. B. B. Lenoir, of Knox; N. F. Tucker, of Davidson; and G. B. Thornton, of Shelby; Secretary, Dr. J. Berrien Lindsley, of Davidson. Knoxville was selected as the place of meeting for next year.

Medical and Chirurgical Faculty of Maryland.—The eighty-first annual session of this society convened in Baltimore on April 8th. Dr. Jas Carey Thomas, of Baltimore, Vice-President, in the chair, owing to the absence, from illness, of President Samuel P. Smith, of Cumberland. The following officers were elected for the ensuing year: President, S. C. Chew, M.D.; Vice-Presidents, Drs. H. P. C. Wilson, and Jas. A. Steuart; Secretary, Dr. W. G. Regester.

Louisiana State Medical Society.—The annual meeting of this society was held at New Orleans, on April 9th, Vice-President Bemis in the chair. Several papers were read, among others one by Dr. L. F. Salomon, on the cases of leprosy occurring in Louisiana; it is not stated that the lepers are Chinese. The following officers were elected for the ensuing year: President, J. W. Dupree, M.D., of Baton Rouge; Vice-Presidents, Drs. Wilkinson, Sr., J. P. Davidson, P. O. Postell, A. A. Lynn, P. Chew, and O. P. Longworthy; Secretary, Dr. Thos. Layton. The next annual meeting will be held in New Orleans, on the last Wednesday in March, 1879.

California State Medical Society.—The ninth annual meeting of this Society was held at San Francisco on 17th and 18th of April, Dr. Henry S. Orme, of Los Angeles, President, in the chair. The following officers were elected for the ensuing year: President, Dr. A. W. Saxe, of Santa Clara; Vice-Presidents, Drs. J. W. Todd, of Stockton, J. M. Briceland, of Shasta, C. G. Kenyon, of San Francisco, and W. A. Washington, of Merced. The next meeting will be held in San Francisco.

University of Pennsylvania.—It is announced that in the Medical Department, on and after Oct. 1880, a preliminary examination will be instituted, which every candidate, who has not previously received a collegiate degree, must pass. The applicant will be required: First, to write a brief essay, not exceeding a page of foolscap, which will serve as a test of his qualifications in orthography and grammar; Second, to undergo an examination in the elementary principles of Physics, as contained in Fownes's Chemistry; Third, to pass an examination in easy Latin prose translation (First Book of Cæsar's Commentaries). In lieu of Latin, any language other than English may be substituted.

University of the City of New York.—Prof. John T. Darby has resigned the Chair of Surgery in this institution and has been elected Emeritus Professor, and

Dr. Joseph W. Howe has resigned the Chair of Clinical Surgery. Prof. J. Williston Wright has been transferred from the Chair of Obstetrics and Diseases of Women and Children to that of Surgery, and Prof. William M. Polk, formerly Professor of Therapeutics and Materia Medica in Bellevue Hospital Medical College, has been elected to the Professorship of Obstetrics and Diseases of Women and Children in the University.

College of Physicians and Surgeons.—Dr. Henry B. Sands has resigned the Chair of Anatomy and been elected Professor of the Practice of Surgery, and Dr. Markoe assumes the title of Professor of the Principles of Surgery. Dr. T. Gaillard Thomas's professorship has been changed to that of the Principles of Gynecology, and his former Adjunct, Dr. James W. McLane, has been made Professor of Obstetrics and Diseases of Children. Dr. Thomas T. Sabine has been elected to the vacant Chair of Anatomy.

Bellevue Hospital Medical College.—Dr. Joseph W. Howe, formerly Professor of Clinical Surgery in the University of the City of New York, has been elected Clinical Professor of Surgery in this institution; and Dr. A. A. Smith has been transferred from the lectureship upon Clinical Medicine to one upon Therapeutics, Materia Medica, and Clinical Medicine.

Monument to Ephraim McDowell.—The Kentucky State Medical Society, on the occasion of its annual meeting at Danville, on May 14th, dedicated a handsome granite obelisk, thirty feet high, to the memory of Dr. Ephraim McDowell, the Father of Ovariectomy. The monument bears the following inscriptions:—

"Ephraim McDowell, M.D., born in Rockbridge County, Va., Nov. 11, 1771; came to Kentucky in 1782; attended the University of Edinburgh in 1793 and 1794; located at Danville in 1795; performed his first ovariectomy in Danville in 1809; died in Danville, June 25, 1830."

"To the memory of Ephraim McDowell, who, in inaugurating a great surgical operation, became a great benefactor to his race."

"Erected by the Kentucky State Medical Society, 1879."

"Honour to whom honour is due."

Upon the invitation of the Society, the dedicatory oration was delivered by Dr. S. D. Gross, and the selection was very appropriate, for it was through his efforts in 1852 that McDowell's claims to priority in the performance of this operation were substantiated. The address was largely historical, and elicited universal commendation. At its conclusion, as a memento of the occasion, Dr. Gross was presented by the State Society with the antique bronze knocker, of handsome workmanship, which had hung on the door of the residence at Danville of the great ovariectomist.

The Medical Herald is a new monthly, edited and published by Dudley S. Reynolds, M.D., at Louisville, Ky. In its salutatory the editor frankly states that it is not intended to fill a hiatus in medical literature, nor is it undertaken to supply a want long felt by any one, but that it will live within the code of ethics, that it will not indulge in personalities of a controversial nature, and will not advocate exclusive interests. The first number, which is dated May, contains several interesting articles, and presents an attractive appearance. We trust that it may so live up to its good intentions as to reap the reward of success which they deserve.

Personal.—Dr. J. LAWRENCE SMITH, of Louisville, formerly Prof. of Chemistry in the Medical Department of the University of Louisville, has been elected a member of the National Academy of Science of France, to succeed Sir Charles Lyell, of England, lately deceased.

OBITUARY RECORD.—Died at New York, on the 9th of June, in the 43d year of his age, JOHN THOMSON DARBY, M.D., late Professor of Surgery in the University of the City of New York.

Dr. Darby was a native of South Carolina, a graduate of the University of Pennsylvania, and served with distinction throughout the war on the medical staff

of the Confederate army. At the time of his death he was surgeon to Bellevue and to Mt. Sinai Hospitals of New York.

FOREIGN INTELLIGENCE.

Nerve-Stretching in Tetanus.—M. THOMAS of Tours has forwarded to the Society of Surgery of Paris at its sitting of February 19th, the report of the case of a man, aged 28, who wounded the ball of the thumb by falling on the fragment of a bottle. Some days afterwards, tetanus appeared, with *opisthotonos* and *trismus* very marked, difficulty in swallowing, and convulsive contraction of the flexors of the arm and hand, except the thumb. To destroy the effect of the inflammation of the ends of the nerves, and their compression by the cicatrix, M. Thomas practised stretching of the median nerve at the level of the spot at which the humeral artery is usually tied under the biceps. The nerve was isolated and placed over a director and twice stretched. The patient felt himself immediately relieved. Two attacks of convulsions appeared afterwards in the course of the day, and then a third after two hours of sleep. The *trismus* and *opisthotonos* had disappeared that evening, and the patient was feeling well, when an attack of delirium occurred, during which he leaped out of his bed and walked about the ward; death followed in the evening. The *post-mortem* examination showed that the median nerve was congested at the level of the stretching; a rupture was found of the peripheral filaments of the nerve: the tendon of the long flexor of the thumb had been divided in the wound of the hand.—*British Med. Journal*, March 29, 1879.

A New Method of Treating Thoracic Aneurism.—M. CONSTANTIN PAUL has brought forward a new method of treating thoracic aneurism. According to him the improvement in the symptoms which follows galvanopuncture is equally satisfactory when acupuncture only is practised, and he affirms that this operation is completely innocuous. M. Dujardin-Beaumetz also believes that in Cliniselli's operation the clot formed at the pole within the sac is very

trifling, the useful coagulum originating at the inflammatory spot on the wall of the vessel caused by the introduction of the needle. As, however, rupture of an aneurism more generally takes place internally, it is advisable to thicken, if possible, the inner wall, and this he proposes to effect at the next opportunity by complete transection of the tumour by the needle.—*Lancet*, April 5, 1879.

Large Salivary Calculus.—A case of large salivary calculus is recorded in the *Correspondenzblatt für Schweizer Aerzte*, March 1, 1879. The patient, a sailor, consulted the author respecting a swelling on the inner side of the horizontal branch of the lower jaw; it was of the size of a pigeon's egg, elastic and painful on pressure. The patient said that he had had similar swellings several times during the last two years, but that they had opened spontaneously. In examining the mouth, there was found to be a large hard movable swelling under the left side of the tongue. The Whartonian duct, which was much enlarged at its entrance, was laid open, and a large salivary calculus was extracted. Suppuration soon set in, and the opening of the duct cicatrised, but the saliva continued to flow from a small opening in the duct. The patient had never experienced any trouble in eating or speaking. The weight of the stone was 115½ grains; it consisted of phosphate and carbonate of lime and magnesia. It was triangular, its largest circumference being 4½ inches, its length 1½ inches, and its breadth $\frac{2}{3}$ of an inch. The other swelling turned out to be a swollen submaxillary gland.—*British Med. Journal*, April 26, 1879.

Anæsthesia by administration of Protoxide of Nitrogen under Pressure.—M. REGNARD has reported to the Biological Society a third operation, performed under M. Bert's method of anæsthesia by protoxide of nitrogen under pressure, to which we have before referred. The case in question was one of resection of the superior maxillary nerve. It was performed by M. Péan in twenty minutes, without the patient having suffered and

without any sort of accident. He, however, awoke for an instant during the course of the operation, but the cause of this accident was palpable. In consequence of the position in which the incisions had to be made, the mask which is usually employed for the inhalations could not be applied. Thus, the mechanism for administration being imperfect, a simple tube carried the gaseous mixture into the mouth, and the assistant closed the nostrils in order to prevent the patient from breathing pure air. The short awakening mentioned occurred then, whilst the assistant, having his attention drawn off, had left the nostrils open. As soon as they were again closed, the anæsthesia was again perfect. There was here, then, only a defective apparatus, which the want of time alone prevented from being remedied, but which was easily corrected.—*British Med. Journal*, April 26, 1879.

The Influence of Brain Work on the Growth of the Skull and Brain.—Messrs. Lacassagne and Cliquet communicated an interesting paper on the subject to the Société de Méd. Publique et d'Hygiène professionnelle. Having the patients, doctors, attendants, and officers of the Val de Grace at their disposal, they measured the heads of 190 doctors of medicine, 183 soldiers who had received an elementary instruction, 90 soldiers who could neither read nor write, and 91 soldiers who were prisoners. The instrument used was the same which hatters employ in measuring the heads of their customers; it is called the conformator, and gives a very correct idea of the proportions and dimensions of the heads in question. The results were in favour of the doctors; their frontal diameter was also much more considerable than that of the soldiers, etc. Nor are both halves of the head symmetrically developed; in students, the left frontal region is more developed than the right; in illiterate individuals, the right occipital region is larger than the left. The authors have derived the following conclusions from their experiments: 1. The heads of students who have worked much with their brains are much more devel-

oped than those of illiterate individuals, or such as have allowed their brains to remain inactive. 2. In students, the frontal region is more developed than the occipital region, or, if there should be any difference in favour of the latter, it is very small; while, in illiterate people, the latter region is the largest.—*London Med. Record*, April 15, 1879.

The Action of Sewer-Gas on Lead and Zinc.—Mr. T. KINNAR, Sanitary Inspector of Dundee, in his report for 1878 makes the following remarks on this subject:—

It is impossible to determine otherwise than by experience and observation how long an ordinary lead soil-pipe or trap will resist the action of sewer-gas before perforation takes place, but it is certain that a thick one will do so much longer than a thin one, and it is equally true that one efficiently ventilated will serve nearly double the time of one continuously air-bound. I have paid particular attention to the action of sewer-gas on zinc rhones on eaves of buildings, where it was striking on the under part, and found in the course of a couple of years or so pretty large holes eaten completely through, showing that that material could not long withstand the effect of the gas. Lead is, of course, more durable than zinc, but the difference is only a question of degree, as shown by the fact that, in not a few of the water-closets repaired by the officers of the department during the year, small apertures were found in the main vertical lead pipe, and in the cross or horizontal one leading from it to the trap of the closet various perforations were found on the top, indicating clearly the operation of foul air from the drain. Lead traps and soil-pipes from water-closets, baths, and fixed basins are all subject to tear and wear, but the traps, being burdened with the additional strain of barring the passage of sewer-gas, do their work less efficiently and for a much shorter period than they are generally credited with; hence the necessity for proper ventilation and occasional inspection. There is often considerable indifference shown by many plumbers when sent by their masters to

examine into complaints of smell supposed to be coming from lavatory appliances. They usually look for a fluid leakage; and when that is not perceptible they leave, declaring to the complainer that the pipes are all right, when probably a little longer time spent in making a more complete examination would have revealed that such was not the case. They seem to imagine that it is the liquid only which wears holes, and do not even dream that the gas from the drain is the most powerful agent of the two as an element of mischief. This is another fruitful means by which sorrow is brought to many a home. It is indisputable that drain air accelerates decay in lead fittings, and these and their drain connections ought to be periodically examined. To facilitate this they should be placed in a position of easy access, with their covering left to open freely, and not hidden in an out-of-the-way corner as they usually are. Sewage-gas being known to be a lurking and a fatal source of disease, which proves largely fatal, it is amazing with what apathy many people of more than average intelligence view the matter of branch drains and relative internal fittings.—*Sanitary Record*, May 16, 1879.

Cheilo-Angioscopy.—Professor HUETER, of Greifswald, who has lately furnished us with the method of which an account has been given in this journal under the title of "Dermatophony," now sends to the *Centralblatt Med. Wiss.* (Nos. 13, 14, 1879) a preliminary notice of a new discovery of his by which the capillary circulation of the blood can be observed in the human subject. He uses for this purpose the mucous membrane of the internal surface of the lower lip. The head of the examinee is fixed in a kind of photographer's head-rest, which is furnished with a chin-piece to which the microscope and the illuminating apparatus are attached. The lip is everted and fixed with forceps of special construction placed near the angles of the mouth. The circulation can be examined either by day or lamp-light; in either case a strong convex lens is used to concentrate the light on the part. Professor Hueter has only used a comparatively low power,

magnifying about fifty-two times, in the examinations he has as yet made. The first impression produced by a look through the microscope is that of a very fine injected preparation, but on choosing some well-illuminated superficial vessel for observation the movement of the blood can be seen. The red corpuscles look like fine points, the white like whitish rounded specks. The circulation in the capillaries of the lower lip is slower than in those of the third eyelid of rabbits and dogs; in the larger veins, on the other hand, it is rapid. The openings of the mucous glands can be seen surrounded by capillary vessels, and in the parts adjacent to the exterior of the lip the pavement epithelium can be made out under very oblique illumination while the blood-vessels are obscured. Pathologically, by compressing a part of the lip with an eyelid forceps, the phenomena of venous stasis can be observed without much distress to the patient, if the experiment be not prolonged more than a few minutes. Professor Hueter believes that he has made out that, as in the mesentery of the frog, so in the human lip, a number of capillaries exist, which, under normal blood-pressure only, contain plasma, or, at most, a few occasional red corpuscles. These "plasmatic" capillaries, as he terms them, only fill with red blood-cells during venous stasis. The removal of pressure from the lip is followed in about ten minutes by the return of a normal circulation.

The application of ice to the mucous membrane causes instant arrest of the capillary circulation, probably from contraction of the smallest arteries; but in a few seconds all goes on as before. Chemical agents, the best of which is glycerine, cause slight aggregation of the red corpuscles, and irregularity of the flow, but without permanent stasis, and the phenomenon only lasts a few seconds.

Professor Hueter has not been fortunate enough to examine the circulation of the lip in any marked cases of septic fever, as Lister's method has rendered them few and far between in his clinic. Such cases as he has observed exhibited aggregation of the red corpuscles and

momentary arrest of the blood-current, alternating with a sudden return of motion and onward rush of the aggregated corpuscles. In chronic suppuration, an increase in the number of white blood-cells is easily detected, and all kinds of disturbances of the circulation occur in the finer vessels—mainly, however, owing to aggregation, not of the red corpuscles, but of the white. Where fever with evening exacerbations is present, these disturbances intensify as the temperature rises. Professor Hueter recommends the lips of scrofulous children to begin the study of "cheilo-angioscopy" on. Scrofulous adults often have a thickened epithelium, which blurs the vessels. The method is not available for clinical purposes without some practice. No doubt it will before long be applied to several febrile diseases, to which Professor Hueter makes no allusion—for example, facial erysipelas, and the acute exanthemata, especially scarlet fever. By very powerful illumination—by the electric or the lime light—possibly numerous lenses might be available. At present we must be content with what the discoverer tells us.—*Med. Times and Gazette*, May 10, 1879.

Coloured Printing Paper.—M. JAVAL has given some further explanations, at the Société de Biologie at its sitting of February 22d, of the reasons why the yellow colour is the best for printing-paper. The eye is not achromatic. All light comprising various colours of the spectrum produces on the retina circles of diffusion. The only means of avoiding these would be to employ a monochromatic light; but this, whatever it might be, would be insufficient. Since it is not possible to suppress, without inconvenience, six of the colours of the spectrum, it is at least possible to eliminate them to the utmost extent by attacking them either on the side of the red or on the side of the violet. In the first case, we are deprived at the outset of too considerable a quantity of light, and we fall again into the inconvenience of monochromatic lights. In the second, one can without any disadvantage cut off the

violet, the indigo, or the blue. The truncated spectrum which then remains will necessarily give less numerous and less extended circles of diffusion on the retina. Now the colour which results from the composition of this demi-spectrum is just the yellow colour, and not yellow of every tint, but that which is naturally seen in the yellow colour of wood paper or chamois leather; and, for this reason, this colour is recommended by M. Javal for printing paper, as being the most healthy from the point of view of hygiene of the eye.—*British Med. Journal*, April 12, 1879.

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The Use of the Forceps in Labour.—A discussion "On the Use of the Forceps and its alternatives in Lingering Labour," will be opened by Dr. BARNES at the meeting of the Obstetrical Society of London, on May 7th. The terms of the subject, which have been decided by the council, exclude from discussion the use of the forceps to expedite labour, on account of convulsions, hemorrhage, prolapse of the cord, or other accidental complications. The forceps comes into competition with its alternatives expectancy, ergot, lever, or compression of the uterus under two leading orders of cases: 1. When the head is delayed in the pelvic cavity; 2. When the head is delayed at, or above, the brim. The chief contest turns upon the use of the forceps in the second order of cases. This involves discussion of the following questions: 1. Does lingering labour occur so as to entail danger to mother or child during the first stage of labour? 2. Is the application of the forceps ever necessary or useful before the full dilatation of the cervix uteri? It will be contended that those who rarely use the forceps more frequently resort to ergot or craniotomy, especially where the head is arrested above the reach of the short forceps. The following general propositions will be offered: 1. In lingering labour where the head is arrested in the pelvic cavity, the forceps will almost always be better than its alternative. 2. In lingering labour where the head is engaged in the pelvic brim, and where it is known that

the pelvis is well formed and the head normal, the forceps will be generally better than its alternatives. 3. In lingering labour where the head is resting on the pelvic brim, the liquor amnii discharged, and it is known that there is no disproportion, or only a minor degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives. 4. In proportion as the head is high in the pelvis, in the brim, or above the brim, the necessity, the utility, and the safety of the forceps become less frequent. 5. As a corollary under the conditions of the preceding proposition, increasing caution is called for in determining on the use of the forceps, and greater skill in carrying out the operation.—*British Med. Journal*, April 26, 1879.

Tarantulum.—The following recently observed case of tarantulum has been published in *Il Morgagni*, by Dr. CAMPELL. A woman, aged 29, was stung by a tarantula. A few moments after the accident, she began to feel very ill, threw herself on the ground, and complained of violent pains in the arm, together with a sensation of tearing in the joints. She was taken into the town, and, when seen by the doctor, could only breathe with difficulty, and became so furious that she could not be kept in bed. Her pulse was only 50 and very weak; the temperature was low. On examining the wound, nothing could be seen except two little darkened spots, which seemed to have been made by a pointed instrument; they were surrounded by a swelling of the size of a chestnut. A cruciform incision was made into the bottom part, and a ligature applied to the lower part of the arm. The incised parts were anesthetized to the depth of two-fifths of an inch. After the wound had sufficiently bled, it was cauterized with nitric acid, and stimulating medicine was given internally. On the second day, the patient had another attack of mania, and at the same time complained of abdominal pains; her tongue was furred, she was thirsty, had no appetite, vomited, and her bowels did

not move till the third day. On the fourth day, the patient slumbered at intervals, and her lips were covered with a frothy saliva. Her right hand executed movements, as if playing on the guitar, and the patient accompanied them with songs; in short, it was a typical form of tarantulum. The patient then began slowly to recover, and was well on the sixth day. The author points out that the most curious symptom of tarantulum consisted in the choreiform movements, which led him to employ antispasmodic and stimulating drugs.—*British Medical Journal*, April 26, 1879.

International Medical Congress, 1879.—The sixth International Medical Congress will be held at Amsterdam, from the 7th to the 14th of September, under the presidency of Professor Donders. During the session there will be an exhibition of objects connected with medical science.

Prize Treatise on Diphtheria.—The Emperess of Germany has, through Professor Langenbeck, offered a prize for the best treatise on diphtheria that shall be published within a year.

OBITUARY RECORD.—Died at his country-seat near Toulon, on April 20, of cancer of the stomach, Dr. ADOLPHE GUBLER, Professor of Materia Medica and Therapeutics in the Paris Faculty, aged 58 years.

— at London, on the 23d of April, of heart disease, CHARLES MURCHISON, M.D., LL.D., F.R.S., aged 53. Dr. Murchison was a graduate of the University of Edinburgh, and physician to St. Thomas's Hospital, and late president of the Pathological Society of London. He was an industrious student, and was the author of numerous contributions to medical literature. He is, however, best known on this side of the Atlantic by his great work on the *Continued Fevers of Great Britain*, a book which will serve for all time as a model of clinical research. He also wrote a valuable work on the *Functional Derangements of the Liver*.

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The association of such distinguished authors as Professors Stillé and Maisch in the composition of a work of this character has excited the strongest interest and the highest expectations in the mind of every physician and pharmacist in the country. For once we can truly say that the promise of excellence has been fulfilled to the letter, and the National Dispensatory has come almost perfect from the hands of its makers. The entire work is a most excellent one, and cannot fail to satisfy the purchaser. We can conscientiously recommend it to every student and practitioner of medicine and pharmacy.—*St. Louis Clin. Record*, April, 1879.

The therapeutical part is as rich as would be expected of the author of the most comprehensive work on the subject in our language. The physiological effects of drugs receive due attention, and their influence over disease is stated succinctly. For the task of winnowing the immense accumulation of periodical literature, the experience and matured judgment of Prof. Stillé were eminently fitted. No pharmacist or doctor will repent the purchase of a book which is at once a treasury of facts and the digest of a decision of a high court.—*Louisville Med. News*, March 29, 1879.

This magnificent work has at last arrived, and we are at a loss for words to express our appreciation and to give our readers an idea of it. The subject-matter is brought to date, showing that it has been the unceasing aim of the authors to supply a much needed book, one that will contain all the important facts, and not dwell upon points that are of comparatively little interest to any but a specially interested student. While this work, on account of its conciseness, is adapted to the pharmacist student, it is equally adapted to the medical student and practitioner by its well arranged therapeutical in-

dex containing about 3750 references, while the materia medica index embraces about 10,400. The physician sees at a glance all medicines that are used for any certain class of disease.—*Chicago Pharmacist and Chemist*, April, 1879.

The very thorough and complete manner in which his (Prof. Maisch's) work is done, being comprehensive without prolixity, robbed by its very pertinence and terseness of all ambiguity, purged of all redundant verbiage and obsolete theories, it stands to-day as a compend of pharmaceutical science—pre-eminent.—*Va. Med. Monthly*, May, 1879.

The reputation of Prof. Stillé is national. What he undertakes to do, he will do, and in the present work we are not disappointed. The National is a complete consecutive volume. The topics are arranged in alphabetical order, afford all the desired information in regard to each drug, its properties, action, therapeutical importance. Each drug has its pharmacæutic preparations and proper doses. In a word, the National Dispensatory is complete, both as a dispensatory and materia medica.—*The Obst. Gazette*, April, 1879.

The able authors of the National Dispensatory have not only given an exhaustive treatise on the virtues of remedies in general, but have not failed to point out the short-comings of certain fashionable medicines, when, in their judgment, the same have been over-rated. In short, the National Dispensatory approaches so near perfection, and the work being absolutely indispensable to every enterprising physician, we do not yet precisely understand how any one who expects to keep up with the times can do so without a copy.—*Nat. Med. Review*, April, 1879.

The present Dispensatory is arranged in alphabetical order from the commencement, the recent advances in chemistry are mentioned, and an effort made to include the late novelties in the review of the resources of the physician. This is carried out with that sound conservative judgment which characterizes all Prof. Stillé's work. The chemical and pharmaceutical sections have, we may suppose, received the special care of Prof. Maisch; and as he is *facile princeps* in that branch, nothing can be said of them except in praise.—*Med. and Surg. Reporter*, April 4, 1879.

HENRY C. LEA—Philadelphia.